



Human Services
Research Institute

Overview of Best Practices in the Development of Core Services and Supports

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Overview of Presentation

- Best Practice in Core Services
 - Service Coordination
 - Family Support
 - Community Living
 - Employment Services
 - Health and Primary Care
 - Crisis Prevention and Intervention
- Trends in service delivery
- Iowa's current service array
- Key points for workgroup recommendations



Service Coordination

Independent advocate for the individual

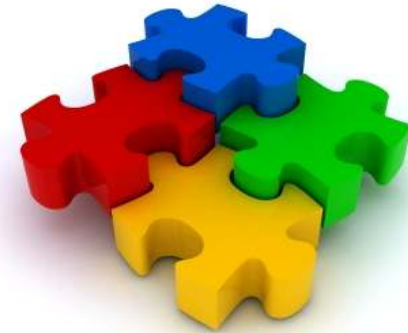
Knowledge of state and local resources

Ability to navigate the system

Facilitate person-centered planning

- Identify goals
- Assist with selection of qualified service providers
- Support efforts to self-direct
- Assess and develop plans to address identified risk
- Monitor service delivery and the individual's well-being

Apply knowledge of the person and the system to develop appropriate transition plans.



Family Support



- Family driven: *Each family leads the decision-making process concerning the type and amount of support they receive.*
- Easy to use: *Families are not overwhelmed by paperwork and red tape.*
- Flexible: *Families can choose supports and services based on their individual needs and preferences.*
- Types of Family Support:
 - Respite
 - Family to Family mentoring
 - Crisis prevention and support
 - Counseling services

Community Living



- Is outcome driven
- Supports community integration
- Emphasizes the unique characteristics of the individual
- Includes options for self-direction
 - Authority to pursue vision
 - Valued roles for individuals and families
 - Access to quality support options

Employment Services



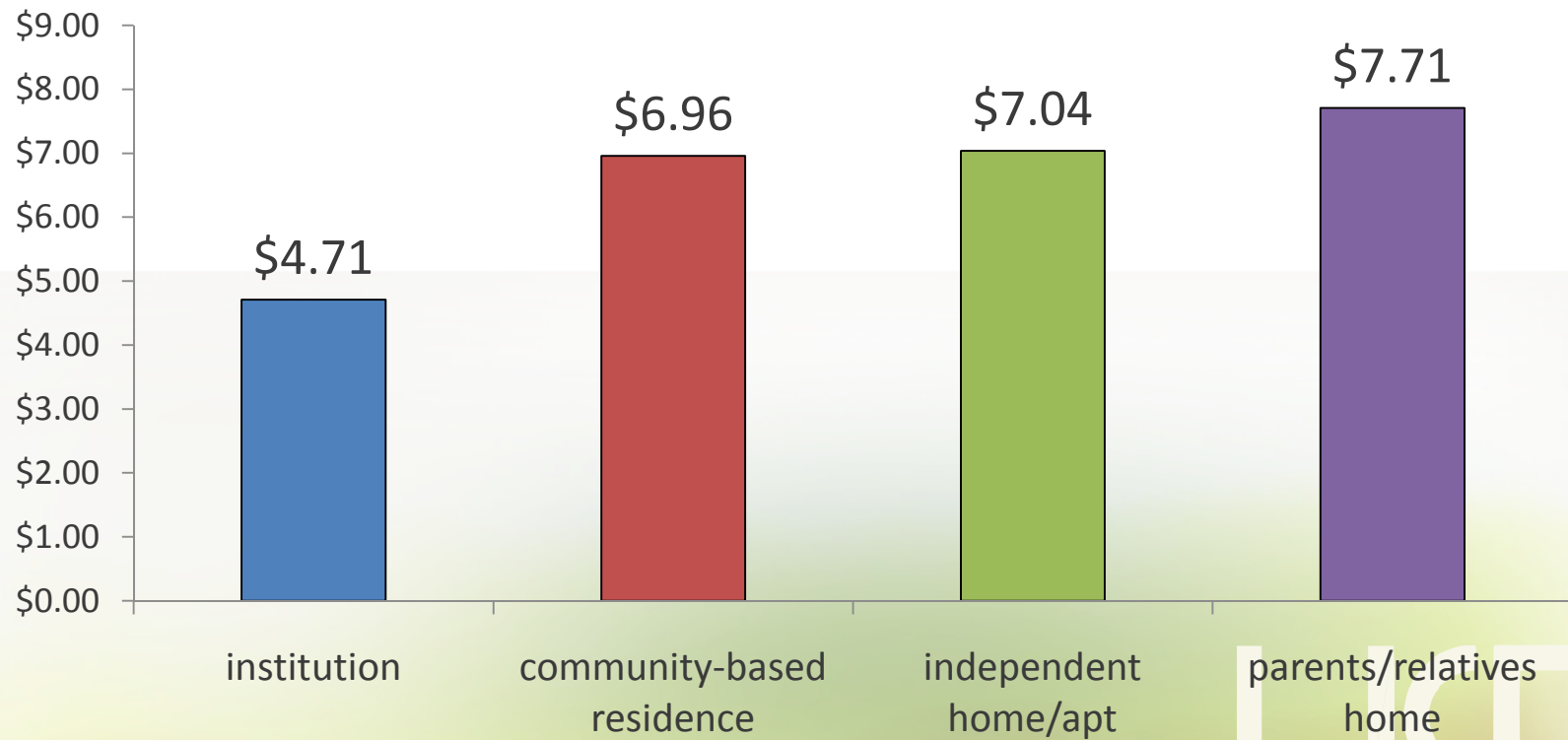
- Vision -- Work First Policy that includes:
 - Wages at or above minimum wage
 - Benefits
- Job Development
 - Identification of steps to assist the person achieve integrated employment
 - Time-limited with specific outcome

Employment Services

- Prevocational
 - Time-limited, not an end point
 - Focused activity leading to competitive employment
 - Includes volunteer and other unpaid activities
- Supported Employment
 - Individual
 - Group

Employment Services

Average Hourly Wage by Residence Type



NCI national data 2009-10

~The Riot Says ~ Stop Feeding the Dinosaur!



Health and Primary Care

- Able to meet the needs of people with ID/DD
- Available in local communities throughout the state
- Types of services:
 - Effective diagnostic and clinical evaluation services
 - Access to general health screenings and primary care
 - Care Coordination
 - Behavior Support services
 - Psychiatric and Counseling services
 - Therapies – OT, PT, SLP
 - Medication management and self-administration training programs
 - Dental services



Health and Primary Care

40% people with disabilities report their health as fair or poor compared to 23% general population. (UNH report 2011)

Across NCI*states, health care provided to people with ID/DD:

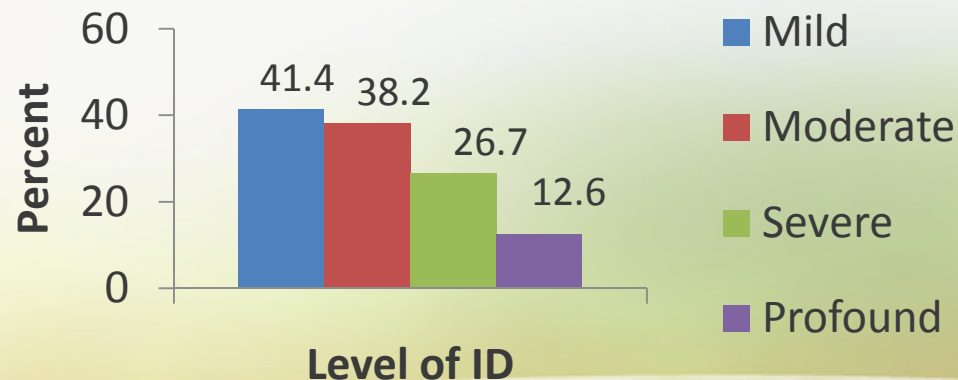
- 84% had a routine dental exam in the past year.
- 65% had a vision screening in the past year, 75% had a hearing test in the past 5 years.
- 54% of women had a Pap test in the past year. 84% of women over 40 had a mammogram in the past 2 years.
- 59% of men over 50 had a PSA test in the past year.
- 23% of people age 50 and older had a colorectal cancer screening in the past year.

Health and Primary Care

Highest proportion of sedentary people are those with disabilities (37%). Inactivity is strongly linked to obesity, and 38% people with disabilities are obese.

NCI national data indicates only 23.6% of people with ID engaged in at least moderate physical activity (30 minutes, 3 or more times/week).

NCI national data shows link between level of ID and obesity.



Health and Primary Care

- NCI national data shows high use of psychotropic medication. 51.3% of people take medications for mood disorders, anxiety, behavior problems, or psychotic disorders.
- Use of psychotropic medications is strongly linked to obesity and health problems when used long term.

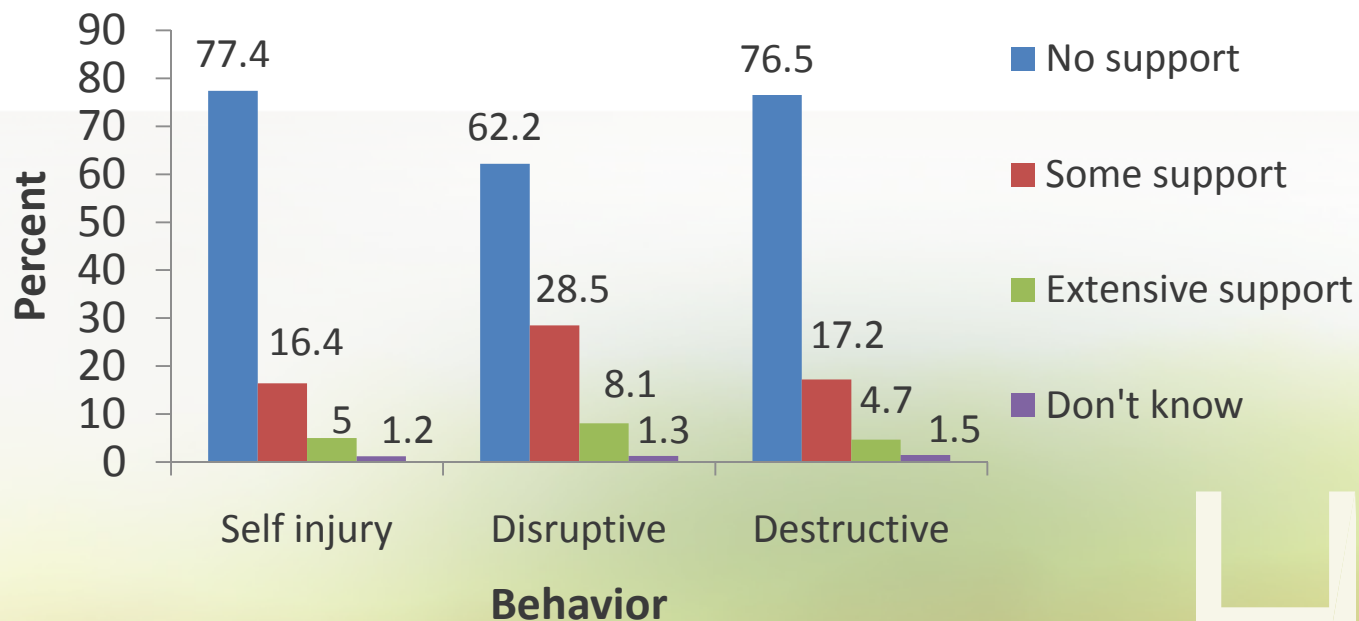
Crisis Intervention and Prevention

- Community based
- Responsive
 - 24 hour access
 - Statewide
- Available to families and providers
- Based on Positive Behavioral Supports
- Includes tTraining
 - On-site
 - System wide
- Specialized to support people with ID and those with dual diagnosis (MI/ID)

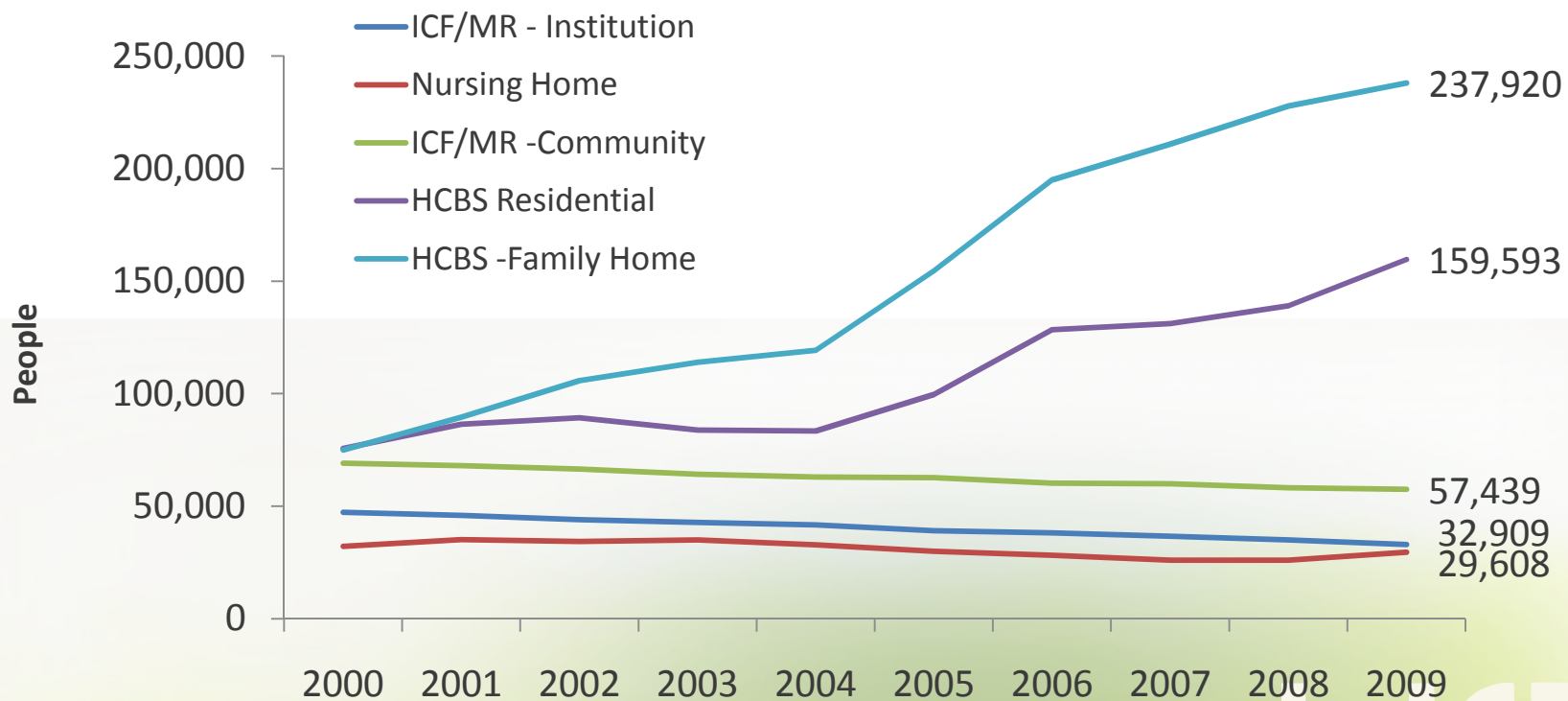


Crisis Intervention and Prevention

NCI national data illustrates the extent to which behavioral supports are in place to address self-injurious, disruptive, or destructive behavior:

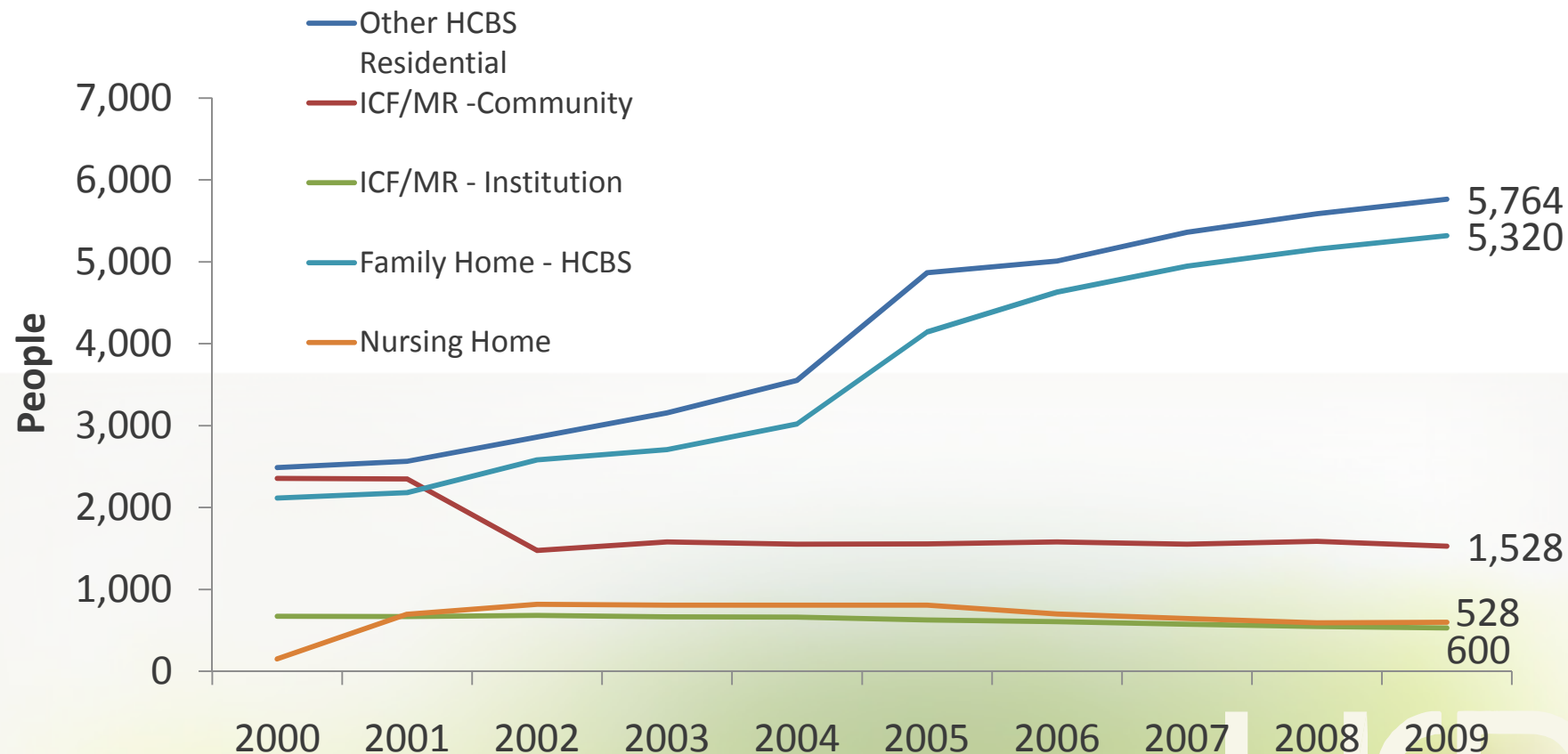


National Trends



Lakin, 2010

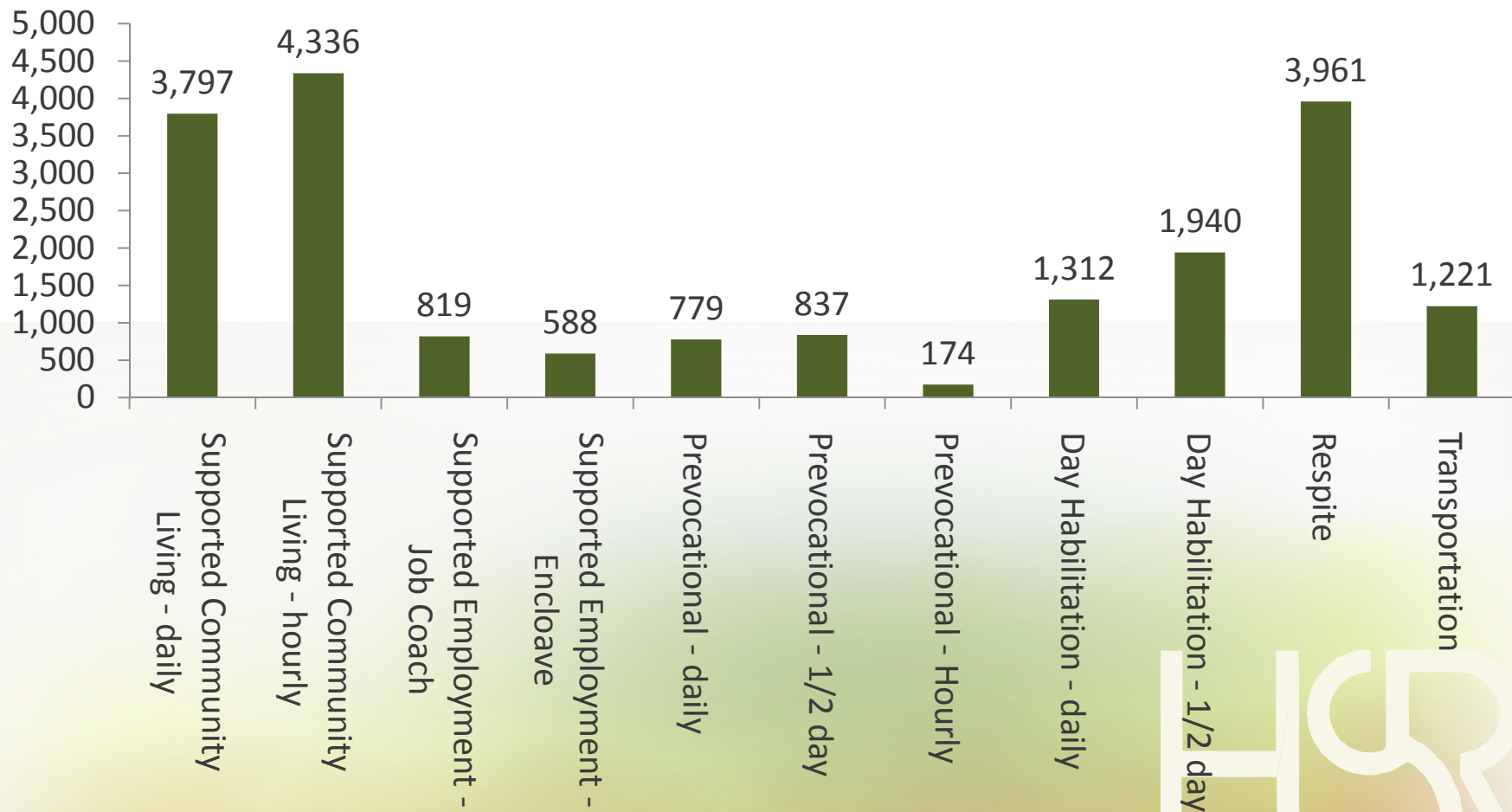
Trends in Iowa



Source: Lakin et al., Residential Services for Persons with Developmental Disabilities: Status and Trends. Minneapolis, MN: Institute on Community Integration

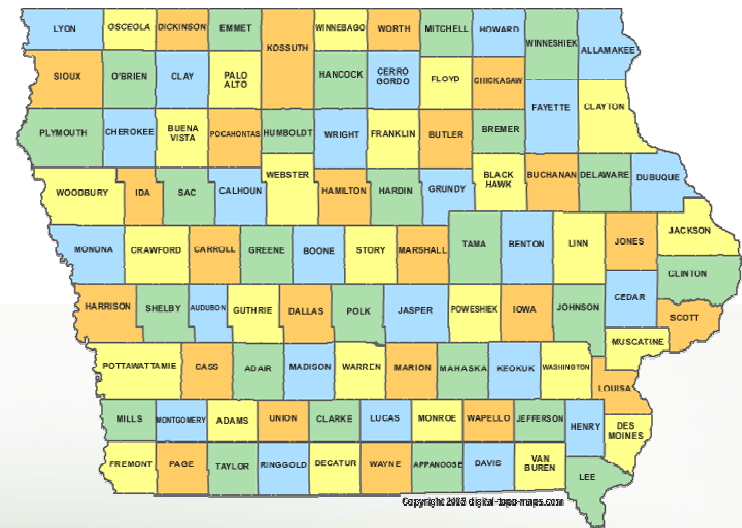
Iowa's Current Service Array

Most Commonly Used ID Waiver Services



Mandated and County Funded Services

- Informational and Referral
- Consultation
- Public Education Services
- Case Management
- ICF/DD
- State Hospitals
- Commitment:
 - Diagnostic Evaluations Related to Commitment
 - Sheriff Transportation
 - Legal representation for commitment
 - Mental Health Advocates



Look Beyond Medicaid

**A Three
Legged
Approach!**



Individuals

Community

Government

The Importance of Holding Providers of Services and Supports Accountable for Outcomes

- Agreeing to desired outcomes is the easy part
- The hard part is to develop monitoring and discovery processes that measure whether or not outcomes are present for individuals and families served.
- Unless you measure it, you can't be sure outcomes are achieved.



Key points for workgroup recommendations

- Does the service array support preferred outcomes for individuals, families and the system?
- How does the current service array align with best practice?
- Are there gaps in Iowa's core service array for people with Intellectual Disabilities? Their families?
- How can they be addressed?
 - Short-term
 - Long-term

Key points for workgroup recommendations

- Are there services the workgroup recommends phasing down or out?
- Are there new services that need to be added or current service options that the workgroup recommends expanding?
- Given scarce resources, which services, either currently in place or recommended to be in place, should be prioritized for implementation?